

REQUEST FOR REDUCTION IN HOURS OF AN AIT PROGRAM- HFA

HFA APPLICANT NAME:_____

Directions: *An AIT applicant may request reduction of AIT program hours based on previous work experience. An HFA applicant may request a maximum reduction of up 312 (30%) of the required 1040 hours.*

In each Department/Area, indicate the number of hours you request to be reduced and the proposed hours to be completed in each department/area. If you are requesting a full waiver of a particular department/area, indicate "0" in the column denoting number of hours to be completed. If requesting full waiver of a department/area, your experience must be from employment in a licensed nursing facility; and with the responsibility of department head or administrative personnel in that area.

Experience in a long term care facility or related field will be considered in granting a waiver request. Supporting documentation (e.g., resume, letter(s) and/or job descriptions from your current and/or previous employer(s) documenting experience) must be in sufficient detail to demonstrate proficiency in the area. The type of supportive documentation submitted should be listed in the column and attached to the request. It is your responsibility to provide documentation that clearly demonstrates your experience.

Supportive documentation must be received before the Board will review your request.

Department/Area	NAB Rec. % of Time	Suggested Hours Using NAB	# of Hours Requested to be Reduced	# of Hours Proposed to be Completed	Description of Documentation Submitted to Support Request
Administration	7%	73			
Personnel/Human Resources	6%	63			
Rehabilitation	8%	83			
Nursing	25%	260			
Medical Records	4%	42			
Activities	8%	83			
Social Services/Admissions	8%	83			
Business Office	8%	83			
Dietary	8%	83			
Housekeeping/Laundry	8%	83			
Maintenance/Environmental	8%	83			
Other (corp. office, out-of-facility visits, etc.	2%	21			
Totals	100%	1040			*****

Note The total reduction of hours requested may not exceed 312 hours (i.e., 30%).*

The total reduction of hours requested and the hours proposed to be completed must equal the total 1040 hours required for the HFA AIT experience.

HFA AIT Applicant Signature

Date

Preceptor Signature

Date

REQUEST FOR REDUCTION IN HOURS OF AN AIT PROGRAM- HFA

HFA APPLICANT NAME: _____

For office use only:

Reviewed by: _____ **Date:** _____

	Suggested Hours Using NAB	# of Hours Requested to be Reduced	# of Hours Proposed to be Completed	Recommended Hours
Administration	73			
Personnel/Human Resources	63			
Rehabilitation	83			
Nursing	260			
Medical Records	42			
Activities	83			
Social Services/Admissions	83			
Business Office	83			
Dietary	83			
Housekeeping/Laundry	83			
Maintenance/Environmental	83			
Other (corp. office, out-of- facility visits, etc.	21			
Totals	1040			

___ Approved as recommended

___ Request denied

___ Approved with exception: _____

Approved by: _____

Date: _____

REQUEST FOR REDUCTION IN HOURS OF AN AIT PROGRAM- RCA

RCA APPLICANT NAME:_____

Directions: *An AIT applicant may request reduction of AIT program hours based on previous work experience. An HFA applicant may request a maximum reduction of up 258 (30%) of the required 860 hours.*

In each Department/Area, indicate the number of hours you request to be reduced and the proposed hours to be completed in each department/area. If you are requesting a full waiver of a particular department/area, indicate "0" in the column denoting number of hours to be completed. If requesting full waiver of a department/area, your experience must be from employment in a licensed nursing or assisted living facility; and with the responsibility of department head or administrative personnel in that area.

Experience in a long term care facility or related field will be considered in granting a waiver request. Supporting documentation (e.g., resume, letter(s) from your current and/or previous employer(s) documenting experience) must be in sufficient detail to demonstrate proficiency in the area. The type of supportive documentation submitted should be listed in the column and attached to the request. It is your responsibility to provide documentation that clearly demonstrates your experience.

Supportive documentation must be received before the Board will review your request.

Department/Area	Suggested %	Suggested Hours	# of Hours Requested to be Reduced	# of AIT Hours Proposed to be Completed	Description of Documentation Submitted to Support Request
Administration	25%	215			
Personnel/Human Resources/Business Office	10%	86			
Marketing/Admissions	10%	86			
Nursing/Home Health/Hospice/Rehab	10%	86			
Comprehensive Care Facility- Mandatory	9.25%	80	0	80	*****
Social Services/Activities	10%	86			
Dietary	9%	77			
Housekeeping/Laundry	8%	69			
Maintenance/Environmental	8%	69			
Other (corp. office, out-of-facility visits, etc.)	.75	6			
Totals	100%	860			*****

Note The total reduction of hours requested may not exceed 258 hours (i.e., 30%).*

The total reduction of hours requested and the total hours proposed to be completed must equal the total 860 hours required for the RCA AIT experience.

RCA AIT Applicant Signature

Date

Preceptor Signature

Date

REQUEST FOR REDUCTION IN HOURS OF AN AIT PROGRAM- HFA

RCA APPLICANT NAME: _____

For office use only:

Reviewed by: _____ Date: _____

Department/Area	Suggested Hours	# of Hours Requested to be Reduced	# of AIT Hours Proposed to be Completed	Recommended Hours
Administration	215			
Personnel/Human Resources/Business Office	86			
Marketing/Admissions	86			
Nursing/Home Health/Hospice/Rehab	86			
Comprehensive Care Facility-Mandatory	80			
Social Services/Activities	86			
Dietary	77			
Housekeeping/Laundry	69			
Maintenance/Environmental	69			
Other (corp. office, out-of- facility visits, etc.)	6			
Totals	860			

___ Approved as recommended

___ Request denied

___ Approved with exception: _____

Approved by: _____

Date: _____